

Fill in this information to identify your case:

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Debtor 1 Ronald Francis Pflaumer, Jr.
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) _____
 First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA

Case number 19-17113
 (if known)

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
☐ Yes. Does Debtor 2 live in a separate household?
☐ No
☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

☒ No

☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence.
 Include first mortgage payments and any rent for the ground or lot.

4. \$1,555.95

If not included in line 4:

4a. Real estate taxes

4a. _____

4b. Property, homeowner's, or renter's insurance

4b. \$145.91

4c. Home maintenance, repair, and upkeep expenses

4c. \$100.00

4d. Homeowner's association or condominium dues

4d. _____

Debtor 1 Ronald Francis Pflaumer, Jr.

Case number (if known) 19-17113

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$125.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$65.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$330.00</u>
6d. Other. Specify: _____	6d.	_____
7. Food and housekeeping supplies	7.	<u>\$200.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	<u>\$50.00</u>
10. Personal care products and services (See continuation sheet(s) for details)	10.	<u>\$180.83</u>
11. Medical and dental expenses	11.	<u>\$50.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	_____
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	_____
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$320.00</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	_____
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: <u>Tires & Wheels</u>	17c.	<u>\$120.00</u>
17d. Other. Specify: <u>Storage Depot of Clifton Heights / Union Dues</u>	17d.	<u>\$510.87</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____

Debtor 1 **Ronald Francis Pflaumer, Jr.**

Case number (if known) **19-17113**

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: _____ **21. +** _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$3,753.56</div>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$3,753.56</div>

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$8,954.78
23b. Copy your monthly expenses from line 22c above.	23b. -\$3,753.56
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$5,201.22</div>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

Monthly payment of 119.25 to SNAP RTO, LLC ends 5/2023

Debtor 1 Ronald Francis Pflaumer, Jr.

Case number (if known) 19-17113

10. Personal care products and services (details):

Pet Expenses	\$120.00
Personal Care	\$40.00
One Time Donation to Child Guidance	\$20.83

Total:	<div><div></div>\$180.83</div>
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